

Commission's Official Use Only:

AAC Event Permit

accordance with the Alabama Administrative Code.

(PRINT)

ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231 Fax: (334) 263-6115

EVENT PERMIT APPLICATION

TYPE: [] BOXING [] KICKBOXING [] MMA [] TOUGHMAN

(Select only ONE TYPE above)

*A separate application and fee is required for each additional TYPE.

*NOTE: PERMITS WILL NOT BE GRANTED UNTIL APPLICATION IS FILED AND APPROVED BY THE COMMISSION. PERMIT FEE MUST BE INCLUDED ALONG WITH SECURITY BOND APPLICATION. PERMITS MUST BE SUBMITTED, AT LEAST, 30 DAYS PRIOR TO THE EVENT.

OFFICIAL USE by Alabama Athletic Commission

Acknowledgement of Receipt

PROMOTER INFORMATION	<u>:</u>		
PROMOTER'S NAME:		PROMOTION NAME:	
		EMAIL:	
PHONE:	FAX:		
*LIST PRIMARY PERSON(S) TO C	ONTACT FOR THIS EVENT,	IF DIFFERENT FROM OR ADDITIONA	AL TO LICENSED PROMOTE
NAME:	PHONE:	EMAIL:	
NAME:	PHONE:	EMAIL:	
MATCHMAKER:	PH	IONE:EMAIL	:
EVENT INFORMATION:			
DATE OF EVENT:	TIME:	VENUE CAPACITY:	
NAME OF VENUE:			
VENUE ADDRESS:		CITY:	ZIP:
NAME OF SANCTIONING OR			
	GII(IZIIIIOI(G):	(IF ADDITIONAL TO THE ALABAMA AT	THLETIC COMMISSION)
WEIGH-IN INFORMATION:			
DATE OF WEIGH-IN:			
VENUE ADDRESS:		CITY:	ZIP:
PHYSICIAN(S) NAME(S):			
PHYSICIAN(S) NAME(S):			
TICKET SALES & BROADCA			
TICKET SALES & BROADCA		UMBER OF TICKETS TO SELL:	
TICKET SALES & BROADCA TICKET PRICE RANGE:	NU	WMBER OF TICKETS TO SELL:**IF YES, DESCRIBE AND ATTAC	

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SIGNATURE:____

*I attest that the information provided herein, in this Event Permit Application, is true, correct and accurate to the best of my knowledge. I understand that I am responsible for notifying the Commission, in writing, of any changes in date, time, location, etc. in